

AMENDMENT TRANSMITTAL LETTER

Docket No.
M4065.0467/P467

Application No.
09/893,619-Conf. #4918

Filing Date
June 29, 2001

Examiner
C. Fox

Art Unit
3652

Applicant(s): Amy R. Griffin

Invention: LIFT AND ALIGN TABLE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	36	- 46 =		x	
Independent Claims	6	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

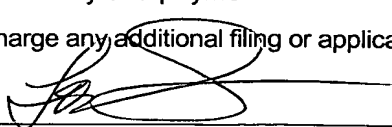
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1073
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Thomas J. D'Amico
Attorney Reg. No.: 28,371

Dated: July 14, 2003

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FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/893,619-Conf. #4918	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 29, 2001	
		First Named Inventor	Amy R. Griffin	
		Examiner Name	C. Fox	
TOTAL AMOUNT OF PAYMENT (\$)		860.00	Art Unit	3652
		Attorney Docket No.	M4065.0467/P467	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account				
Deposit Account Number				
Deposit Account Name				
The Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application				
<input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
1001 750 2001 375 Utility filing fee				
1002 330 2002 165 Design filing fee				
1003 520 2003 260 Plant filing fee				
1004 750 2004 375 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims				
Independent Claims				
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)				
1202 18 2202 9 Claims in excess of 20				
1201 84 2201 42 Independent claims in excess of 3				
1203 280 2203 140 Multiple dependent claim, if not paid				
1204 84 2204 42 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
SUBMITTED BY		Complete (if applicable)		
Name (Print/Type) Thomas J. D'Amico		Registration No. 28,371		
Signature		Telephone (202) 828-2232		
		Date July 14, 2003		